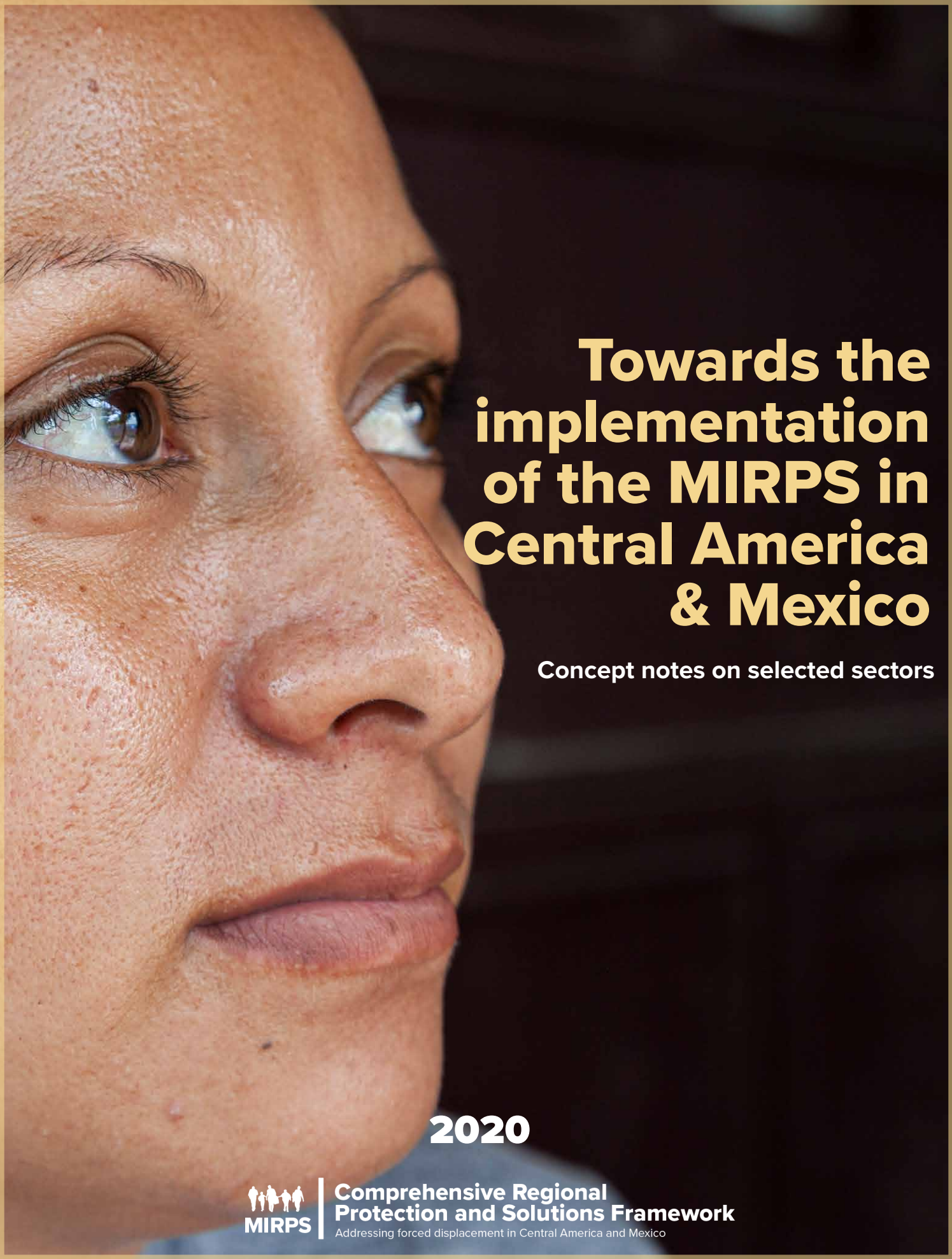

Towards the implementation of the MIRPS in Central America & Mexico

Concept notes on selected sectors

2020

MIRPS

Comprehensive Regional Protection and Solutions Framework

Addressing forced displacement in Central America and Mexico

Context

Impacted by increasingly complex forced displacement situations, Central America hosts hundreds of thousands of people who have fled their homes, either within or across their country's borders, in search of safety. This includes IDPs in El Salvador, Honduras and Mexico; together with refugees and asylum-seekers from the northern Central American countries who have fled chronic gang violence, persecution and insecurity. The vast majority of refugees and asylum-seekers from these countries are hosted in Mexico and the USA, with several thousands more having sought asylum in Belize, Costa Rica, Guatemala, and Panama. In addition, tens of thousands of people have fled the social and political crisis in Nicaragua, the vast majority arriving in neighbouring Costa Rica where asylum claims have increased exponentially.

In 2019, the Americas was the largest recipient of asylum applications worldwide. An additional several hundred thousand persons are returning to their countries of origin as deportees, including those with protection needs. With an increasing trend of people forcibly displaced in the region exerting pressure on national protection and asylum systems, the MIRPS seeks to expand the operational capacity of States in Central America and Mexico to respond to forced displacement. This includes making the necessary arrangements to ensure safe reception and admission of people forced to flee, facilitating access to safe spaces and shelters, engaging community and municipal leadership, promoting durable solutions and livelihoods, as well as fostering an environment of peaceful coexistence.

In 2017, Belize, Costa Rica, Guatemala, Honduras, Mexico and Panama adopted the San Pedro Sula Declaration, to address forced displacement by strengthening the protection and assistance to affected persons, as well as promoting durable solutions. Through the Declaration, countries agreed to participate in the MIRPS as a regional contribution to the Global Compact on Refugees, where all states committed to adopt and implement national action plans, aligned to country specific commitments and priorities. In 2019, El Salvador joined this regional effort and held the Pro-tempore Presidency for 2020. Nationally, MIRPS Technical Teams (NTTs) are comprised of relevant government institutions who plan and coordinate the implementation of work plans with support from UNHCR and OAS as the technical secretariat.

Identification of resources required

Through the State-led quantification process, NTTs have assessed the financial resource requirements and steps required to implement select national commitments, defining specific costed activities in the areas of protection, social protection, health, education and livelihoods. The related Concept Notes presented within this document have informed the elaboration of detailed Concept Notes, that were informed by consultations and working sessions of the NTTs which brought together national counterparts in the areas of planning, financing and international cooperation with the technical support from the UNHCR-OAS MIRPS Secretariat and the Pro-Tempore Presidency.

Find out more about the Annual Report in the new MIRPS webpage

This process has served to strengthen the national planning process to implement MIRPS national action plans, and is a basis for partnership engagement and resource mobilization. Key consideration was given to identifying commitments that aligned closest to the humanitarian context and prevailing protection needs, and were dependent on establishing new partnerships and forms of financing to implement. In a number of instances, focus areas also align to Pledges that were also made at the Global Refugee Forum.

The scale of the forced displacement crisis in the region - compounded by the pandemic - and the projections of a possible increase in the numbers of people fleeing once the opening of borders is regularized, requires the **strengthening of partnerships** to be a priority for 2021. In this sense, MIRPS countries have diverse national, regional and international partners, as well as the backing of the **Support Platform, international financial institutions, development actors, the civil society and the private sector** as a true example of responsibility-sharing.

Prioritized focus areas

Total requirement $63,152,181
Total gap $54,479,442

MEXICO

Total requirement $8,289,178

Strengthening schools in the public education system in host communities in southern Mexico

Total Required Financing

$7,042,800

Strengthening first level health care in the state of Chiapas, Mexico

Total Required Financing

$1,246,358

HONDURAS

Total requirement $3,999,725

Guaranteeing a harmonized approach to provide long term solutions such as access to work and social protection

Total Financing Required

$3,999,725

GUATEMALA

Total requirement $346,170
Total gap $333,442

Creation of specialized, differentiated, safe, and decent reception conditions

National Financing	Financing Gap
$4,546	$39,935

Strengthening institutions that govern the protection of children and adolescents in border areas

National Financing	Financing Gap
$4,286	$232,208

Public-private sectors alliances for the inclusion of refugees and refuge applicants in Guatemala into the workforce

National Financing	Financing Gap
$3,896	$61,299

BELIZE

Total requirement $2,596,861

Establish demand-driven technical and vocational training in key economic sectors associated with climate change, benefiting refugees, asylum seekers, migrants and Belizean youth

National Financing	Financing Gap
$0	$2,596,861

EL SALVADOR

Total requirement $11,993,682
Total gap $10,336,910

Improve the technical, inclusive, and operational capacity of the Salvadoran educational system to support the rights of the forcefully displaced population

National Financing	Financing Gap
$1,513,561	$6,854,890

Expand opportunities of access to work and sources of livelihood to encourage self-reliance of people who have been forcibly displaced in El Salvador

National Financing	Financing Gap
$0	$ 3,266,520

Strengthen the capacity of the National Health System to provide better health and psychosocial services to forcibly displaced people in El Salvador

National Financing	Financing Gap
$143,211	$ 215,500

COSTA RICA

Total requirement $7,966,225
Total gap $4,980,215

Voluntary temporary insurance for asylum seekers and refugees in Costa Rica

National Financing	Financing Gap
$0	$ 3,033,333

Social protection of the populations with international protection needs through services provided by the Social Welfare Institute (IMAS)

National Financing	Financing Gap
$836,397	$ 641,655

Institutional strengthening to support the refugee and migrant population in the context of the COVID-19 pandemic

National Financing	Financing Gap
$2,149,613	$1,305,227

PANAMA

Total requirement $27,960,340

Expanding social coverage to meet the basic needs of vulnerable refugees and applicants for refugee status

National Financing	Financing Gap
$4,017,229	$ 23,943,111

Education
Total requirement $18,008,112
Total gap $16,494,551

Social protection
Total requirement $33,438,117
Total gap $28,584,491

Protection
Total requirement $3,813,551
Total gap $1,345,162

Child protection
Total requirement $236,494
Total gap $232,208

Health
Total requirement $4,638,422
Total gap $4,495,211

Jobs and livelihoods
Total requirement $3,331,715
Total gap $3,327,819

Costa Rica.

Persons of concern in Costa Rica

*Official data provided to UNHCR

SECTOR	DESCRIPTION	IMPLEMENTING ENTITIES	FINANCING REQUIREMENTS
Protection	Institutional strengthening to assis asylum seekers, refugees and migrants through the developmen of infrastructure of the Northern Bicentennial Migratory Station (EMIBI, by its Spanish acronym).	Department of Migration and Foreign Affairs (DGME, by its Spanish acronym)	National Financing $2,149,613 / Financing Gap $1,305,227
Health	Provision and expansion of the Health Collective Assurance Framework through voluntary temporary insurance for refugees and asylum seekers in Costa Rica.	Costa Rican Social Security Fund (CCSS, by its Spanish acronym) UNHCR	National Financing $0 / Financing Gap $ 3,033,333
Social Protection	Guarantee asylum seekers and refugees access to state social protection services provided by the Social Welfare Institute (IMAS, by its Spanish acronym)	Social Welfare Institute (IMAS, by its Spanish acronym)	National Financing $836,397 / Financing Gap $ 641,655

Context

Due to the COVID-19 pandemic and its socio-economic impact in Costa Rica, the demand to access social security programs has increased significantly. This increase is taking place within a complicated economic context in Costa Rica where, according to the most recent information released by the National Institute of Statistics and Census (INEC, by its Spanish acronym), the country has reached historical figures on poverty and unemployment, the latter reaching a record 24.4%, one of the highest of the region. Regarding poverty figures, the INEC reports an increased 26.2% , which represents around 420,000 poor households.

However, the rates for multidimensional poverty stayed similar to 2019 for the whole country, which proves the urgent need to maintain and expand the program for vulnerable populations as an efficient measure to curb poverty. This situation requires higher levels of engagement and social action to protect people who are economically vulnerable and need health care services.

Despite the efforts to keep and expand social investments to protect the most vulnerable families, the new national circumstances show the need to obtain additional funding in order to maintain social protection programs.

Trends in displacement

Costa Rica plays an important role in the region as a host country for displaced asylum seekers and refugees. During the last five years, the country has shown a sustained increase in the total number of applications from people from Latin America and the Caribbean. Nicaraguan and Venezuelan displacement circumstances have added more pressure on the Costa Rican system, and the asylum program specifically, which was not designed to address a forced displacement situation like the one the country currently faces.

The refugee and asylum seeker population in Costa Rica has reported a yearly sustained increase since 2015, reaching its highest rate in 2018 as a result of the social and political crisis affecting Nicaragua from that year onward. At present, Costa Rica hosts 99,823 people, of which 90,197 are asylum seekers and 9,371 are refugees. This situation occurs within a complex economic climate, in which Costa Rica faces significant challenges in terms of its economy, officials, employment and security.

This increase of asylum applications has exceeded the capacity of the Costa Rica government to effectively respond. Currently, there is a six-month waiting period to file for an asylum application and another three-month period to get a labour permit that enables refugees and asylum seekers to look for a legal formal job. These long waiting periods make target populations even more vulnerable because their access to services is limited and they are forced to spend their scarce savings or financial resources.

On top of this, the COVID-19 pandemic has created new challenges and worsened existing ones. On March 16th, Costa Rican government declared a state of national emergency through Executive Decree No. 42227-MP-S and encouraged the authorities to focus on the national health situation. Regarding human mobility management, the Executive Decree required the closure of all national borders. This, together with the restrictions on human mobility imposed throughout the Central American region, caused the number of asylum applications filed at the Costa Rican government to decrease. The border closures have had an impact on mixed migration across the nation.

1 In its Continuous Employment Survey (ECE, by its Spanish acronym), the National Institute of Statistics and Census reported an unemployment rate of 24.4% in May, June and July 2020, which represents 557.000 unemployed people, 270.000 more people than the same period in 2019. This data compares to the study of the International Labor Organization (OIL), “Labor Overview in times of COVID-19: Impact on the labor market and income in Latin America and the Caribbean”, which presents data from nine different countries in the region and shows that Costa Rica’s approximate employment rate is twice than that of nine other countries of the region (11.5% for the second 2020 semester) https://www.ilo.org/americas/publicaciones/WCMS_756694/lang--es/index.htm

2 The National Institute of Statistics and Census National Household Survey 2020 (ENAHO, by its Spanish acronym) reports a poverty rate increase of 5.2%. The ENAHO shows that there are 1,529,255 people living in poverty in 2020, while the 8.5% of the population —96,697 people— lives in extreme poverty https://www.inec.cr/noticia/pobreza-por-ingresos-alcanzo-un-262

National response

Costa Rica has kept its tradition of respecting human rights and hosting refugees through the endorsement of legal documents as the Convention Relating to the Status of Refugees and the Migration and Foreign Affairs Act (Ley General de Migración y Extranjería) No. 8764, the Comprehensive Migration Policy for Costa Rica, the National Integration Plan (Plan Nacional de Integración) 2018-2022, the display of a series of actions based on the key principles established as part of the protection and the responsibility of a country. Likewise, the right to equality of all people who live in Costa Rica was established in its political constitution. Aware of the challenges that refugees and asylum seekers must face, Costa Rica has supported them through the social development programs in its social security system, including the Costa Rican Social Security Fund.

The MIRPS

As a San Pedro Sula Declaration signer in 2017, Costa Rica supported the implementation of the Comprehensive Regional Protection and Solutions Framework (MIRPS, by its Spanish acronym) to comprehensively address forced displacement in the region. This platform aims to respond to the displacement dynamics within the region, addressing the causes of the forced movement of people and strengthen protection and assistance to people in need of international protection. Thereby, the Costa Rican Government is committed to addressing forced displacement through the four lines of action presented by MIRPS: 1. Reception and admission; 2. Immediate and ongoing needs; 3. Support of host communities; and 4. Durable solutions.

In 2017, Costa Rica developed an action framework to assist forcibly displaced people called Comprehensive Refugee Response Framework (MINARE, by its Spanish acronym) . MINARE is comprised of 32 commitments undertaken by the Costa Rican government as a prospective comprehensive response to people in need of international protection in Costa Rica. MINARE was developed through national consultation with the most important sectors of Costa Rica, promoting a whole government and whole society approach to the response to refugees and asylum seekers.

Additionally, MINARE creates a structure to assist with its implementation, which is made of two areas:

i. Technical area: A national technical team is created to track the progress of the agreements. This team is comprised of technical liaisons from the five institutions that participate in the support of refugees, namely: the Ministry of Foreign Affairs, the Ministry of Labour and Social Welfare, the Ministry of National Planning and Economic Policy, the Vice-Ministry of Government and Justice, the Vice-Ministry of Human Development and Social Integration and the Department of Migration and Foreign Affairs.

ii. Political area: An executive committee is created, formed by the heads of the abovementioned institutions, which give political support to the agreements included in MINARE.

Regarding the protection of refugees and asylum seekers, MINARE includes an agreement to strengthen the infrastructure, equipment and management of Temporary Attention Centres for Migrants (CATEM, by its Spanish acronym) to assist those in need of international protection.

Additionally, Costa Rica supports this population through its social development programs and includes refugees and refugee status seekers in its social security systems. This ensures that refugees or refugee applicants living in poverty or extreme poverty are protected by existing social and human development programs, which guarantees that they receive the same assistance as Costa Rican citizens and reduces the possibility of them becoming victims of migrant and human trafficking.

Futhermore, aware of the challenges that refugees and asylum seekers face, Costa Rica has decided to support them through the social development programs of the Social Security Systems, including the Costa Rican Social Security Fund which is in line with the agreements included in MINARE, and the right to equality for all the people who inhabit Costa Rica as established in the Political Constitution.

3 El MINARE constituye el Capítulo Nacional del Marco de Respuesta Integral para los Refugiados y surge en respuesta a la adopción de Costa Rica de la Declaración de Nueva York y su Anexo I.

COUNTRY: Costa Rica **SECTOR: Protection**

Institutional strengthening to support the refugee and migrant population in the context of the COVID-19 pandemic

Executive Summary

Costa Rica has been recognized for its tradition of respecting human rights and has demonstrated its commitment to ensure improved living conditions for refugees and asylum seekers and their integration through public policies and initiatives founded on sound inter-institutional coordination.

The General Directorate of Migration and Foreigners (DGME) established the project "Construction of the North Bicentennial Migration Station" (North EMIBI) for the management of safe spaces for the protection of people who are part of mixed population flows. At present, the Temporary Attention Centre (CATEM) in the northern zone operates as a temporary camp, this arrangement presents limitation in the provision of services to meet basic needs, and the identification of claimants of international protection and asylum. DGME has implemented measures to improve the condition of the CATEM to strengthen the management of migratory flows, improving physical space and expand the coverage to these populations, strengthening protection and comprehensive care. This proposal seeks to support the construction of infrastructure in the northern area of CATEM, with 50% of resources provided directly by the Government of Costa Rica.

DURATION

Estimated duration: 2021-2022
Subject to the availability of resources

IMPLEMENTING ENTITIES

Department of Migration and Foreign Affairs (DGME, by its Spanish acronym)

LOCATION

National

BENEFICIARIES

7,000 persons, including asylum seekers, refugees and migrants

ESTIMATED BUDGET

Total Required Financing:	$ 3,454,840
National Financing:	$ 2,149,613
Financing Gap:	$ 1,305,227

1. Sector Context in Costa Rica

Due to its geographical position and its socio-political situation, since 2015 Costa Rica has welcomed asylum seekers and migrants in transit who enter through the southern border, mainly from Venezuela, Cuba, Haiti, Africa, Southern and Western Asia, Due to the diversity in culture and origin, these movements were considered *mixed flows*.

As a result of the dynamics of these flows, Costa Rica faces the greatest volume of transit in its history, which required that the Costa Rican government determine an operative approach to guarantee comprehensive assistance of vulnerable people in need of international protection, to exercise control over migratory flows and to provide humanitarian assistance.

As a response to these needs, the DGME, as the authority in charge of the national migration administration, has created models for immediate aid from public institutions, with the support of other entities such as international institutions, a network of non-governmental, non-profit organizations, civil society and local governments. These entities cooperate in the operative functioning of the CATEMs, offering food, accommodation and health services to this population.

The flow of the number of people hosted in the Northern CATEM shows the importance of the assistance provide.

Year	Number of people hosted
2016	4,611
2017	1,234
2018	2,297
2019	683
Total	**8,825**

Source: Official data, DGME.

The data show the direct impact of the Northern CATEM operations, which hosted 8,825 people. The current COVID-19 pandemic creates a situation of utmost urgency due to the necessity of guaranteeing a safe space for vulnerable asylum seekers and migrants and reducing the risk of spreading the disease.

Covid-19 Impact

The COVID-19 pandemic and the national state of emergency declared by the Government of Costa Rica triggered emergency protocols and plans for the protection of the population. As part of the Emergency Plan, the Ministry of Government and Justice and the Department of Migration and Foreign Affairs (DGME, by its Spanish acronym), developed a safe method to protect migrants in need of international protection called *"Area protocol for the assistance of new homeless asylum seekers and migrants who are part of the migrant flows in transit within the frame of the Costa Rica Covid-19 national emergency" ("Protocolo de zonas para la atención de eventuales nuevos solicitantes de refugio sin domicilio y personas migrantes sin domicilio dentro de los flujos migratorios en tránsito en el marco de la emergencia nacional de Costa Rica COVID-19")*. This system arises from the institutional coordination to contain the pandemic among vulnerable people entering the territory or in transit.

The main goal of this protocol is to strengthen the response to vulnerable migrants and asylum seekers entering the national territory and to establish a more appropriate approach for these people once land borders are opened. To this effect, this protocol provides physical spaces for the reception, triage and assistance of people who have just entered the territory and have no place to stay in Costa Rica.

The proposed intervention in this Conceptual Note seeks the support of the second stage of construction, of a B Zone area to protect asylum seekers and migrants who do not show any symptom related to Covid-19, as follows:

a. People who, after undergoing a medical exam, do not show symptoms and are referred to these facilities. These shall be referred with a health order consisting of a 14-day isolation period.

b. People who completed the isolation period but do not have a home or, due to a migration circumstance, have no other option but to stay at the facilities.

c. People who successfully recovered from COVID-19 but do not have a home or, due to a migration circumstance, have no other option but to stay at the facilities.

The flow of people that turn to the Northern CATEM requires the construction of an infrastructure that matches the operational necessities of the DGME . According to official information, 62,000 people were hosted between 2016 and 2019, while in the first quarter of 2020, before the national sanitary emergency was declared, 1,820 people were hosted every month.

1 Some of these signs are the observations included in the report from the Inter-American Commission on Human Rights (IACHR) about the Temporary Attention Centres for Migrants (CATEM, by its Spanish acronym) in the North of the country. This report falls within the IACHR visit to Costa Rica in 2018 discussing the human rights current situation of Nicaraguan people who were forced to leave their country and seek for international protection in Costa Rica. As a result of the visit to the CATEM, the IACHR notes these centers do not meet the requirements on availability of basic services and housing to guarantee the right to a proper house and the right to health of migrants and asylum seekers. Consequently, the IACHR has issued some recommendations to improve the condition of these centers. This report is available at the following link: https://www.corteidh.or.cr/tablas/r39388.pdf . Furthermore, other institutions such as the Area Health Department of the Ministry of Health and the Office of Labor Health of the DGME, have expressed concerns about the matter and have recommended physical and sanitary improvements to provide people with adequate care.

There is a clear link regarding the importance of enhancing the official response capacity according to the different scenarios that the COVID-19 may pose. Thus, in the case of the northern camp, the Costa Rican government considers CATEM construction a national priority. Under these circumstances, the funding deficit to complete the full project, as it will be explained in the estimated budget section, must be taken into consideration.

Lessons learned from previous interventions

i. Regarding the actions implemented during the pandemic, the implementation of the zone plan is one of the key interventions which has resulted from the rapid response from the authorities to define an action plan for the appropriate administration of mixed migrant flow through the coordination of several institutions.

ii. The implementation of this project allows for flexibility both within institutions and as regards internal regulations from the partner collaborators, enabling progress towards immediate, urgent solutions for hosting people in these challenging times.

Complementary Initiatives

In the context of this pandemic, initiative models could come from two perspectives. One of them references the collaboration of institutions, such as that of the "Protocolo de zonas para la atención de eventuales nuevos solicitantes de refugio sin domicilio y personas migrantes sin domicilio dentro de los flujos migratorios en tránsito en el marco de la emergencia nacional de Costa Rica COVID-19". The second perspective stems from efforts associated with health protection systems that result from international collaboration, such as the fund for the protection of asylum seekers and refugees, which was created by the UNHCR, the Costa Rican Social Security Fund, and the fund for the assistance of people affected by the COVID-19 through the distribution of tests and vaccines as soon as they are available.

2. Detailed Approach

General objective

Improve the assistance to asylum seekers, refugees and migrants during the COVID-19 pandemic health emergency.

Specific objectives

i.Reduce the health risks of asylum seekers, refugees and migrants who are part of mixed migrant flows.

ii. Guarantee the protection of asylum seekers, refugees and migrants' right to health.

iii. Expand the operative capacity of the Northern CATEM area in order to be able to host asylum seekers, refugees and migrants during the COVID-19 pandemic.

Expected results

Enhance CATEM responsiveness during the COVID-19 pandemic, for the appropriate assistance of asylum seekers, refugees and migrants through the construction of suitable infrastructure and the provision of basic suitable services.

Reducing the risk of spreading COVID-19 among asylum seekers, refugees and migrants in the CATEMs as well as the host communities.

Improved the attention and identification capacity and quality of services provided to refugee applicants, refugees and migrants who enter the North CATEM and ensure the protection of the human rights of this population.

Activities

At present, the Northern CATEM functions as a camp . The DGME will start the construction of a building with better infrastructure. However, the scope of the construction will only reach the first stage with the capacity to host 200 people. The second stage will expand this hosting capacity up to 400 people.

3. Beneficiaries

An estimate of 7,000 people, including asylum seekers, refugees and migrants, will be benefitted by this intervention. The beneficiaries estimate was reached considering the number of people assisted in the Northern Centres of Attention in Costa Rica during 2019 and 2020 and the population estimations for 2021.

7,000 persons of concern

4. Estimated budget

OBJECTIVE	REQUIRED FINANCING	NATIONAL FINANCING	FINANCING GAP
Construction of the Northern Bicentennial Migrant Station (EMIBI, by its Spanish acronym) of the Department of Migration and Foreign Affairs (DGME, by its Spanish acronym).	**$3,454,840**	**$2,149,613**	**$1,305,227**

The proposed intervention consists of second stage construction of the Northern CATEM. The estimate cost includes the building design, resulting in an estimate budget based on the construction cost per square meter (mts2).

Per the technical reference, the estimated cost of the construction of the 2,000 mts2 of the second stage amounts to USD 1,305,227.00. The first stage includes the construction of 3,250 mts2 for which an estimated budget of USD 2,149,613.00 was allocated, which will be funded by the government through a national contribution. The following chart summarizes the cost details:

STAGES	M2 to be built	Amount in USD**	Source
First construction stage	**3,250**	**$2,149,613**	Migratory Social Fund
Second construction stage	**2,000**	**$1,305,227**	There are no resources available for this stage
TOTAL	**$3,454,840**		

Source: Official data, DGME.
**Reference exchange rate according to the Central Bank of Costa Rica as of 10/01/2020*

Based on this data, the total estimated budget for the construction of 5,240m2 is USD 3,454,840.

4 Project: Construction of the Bicentennial Northern Migratory Station (EMINORTE, by its Spanish acronym) of the General Department of Migration and Foreign Affairs in the area and the Northern border. Ministry of Government and Justice, Department of Migration and Foreign Affairs. This document has been drafted by: Department of Integration and Human Development. September, 2019.

5. Stakeholders

In the exercise of a safe, regular and orderly administration of the mixed migrant flows during the pandemic, three broad groups of participants have been identified:

GROUP	MISSION	ROLE IN IMPLEMENTATION
Government Institutions	Upon the declaration of the national health emergency, the DGME has worked in close collaboration with the Emergency National Commission, within the framework of the Emergency Operative Committee which also includes the CCSS, the Ministry of Health and the Ministry of Public Security.	Acting as the governmental authority for the implementation of several activities according to the corresponding approach, the bulk of their work consists of the institutional communication and coordination to create assistance strategies. This work has resulted in the "Area Protocol for the Assistance of new homeless asylum seekers and migrants who are part of the migrant flows in transit within the frame of the Costa Rica Covid-19 national emergency"
United Nations Agencies a.UNCHR b.IOM UNFPA, UNICEF y OMS/OPS	Protect and advocate for the rights of people in need of international protection. Support in the management of mixed migratory flows in transit for assistance in the southern and northern border areas of Costa Rica Interagency group led by UNHCR to support this project.	Collaborating direct assistance by providing supplies for the care of migrant populations in transit, in the South and North CATEMs. Help in the implementation of the zone plan for the attention of these populations with the construction of works in zone C
Civil Society Organizations a. Centro de Derechos Laborales sin Fronteras b.Corner of Love c.Fundación Arias para la Paz y el progreso humano d.Open Society Foundation	In the particular case of care for migrant populations in vulnerable conditions in the context of COVID, the actions of civil society NGOs have been oriented towards strengthening health care through the transfer of resources to access PCR tests.	Creating direct actions such as the release of information among the support networks, and the assistance of people at risk identified through their networks.

6. Cross-cutting themes

i. Along with the execution of the proposal to strengthen the CATEMs, a cross-disciplinary component is reflected in the inter-institutional coordination, under the provision that all integral actions require the coordinated administration of issues associated with an effective management of mixed migrant flows, in aspects related to health, coordination and communication with entities such as Emergency National Commission, the Ministry of Health, the Costa Rican Social Security Fund.

ii. For the effective protection of populations of minors, the approach will be coordinated with the National Children's Trust (PANI) to attend to the needs of children and adolescents and ensure safe spaces for these people you consider vulnerable in the context of mixed flows.

iii. In regards the international cooperation environment, this proposal favours, as a cross-disciplinary aspect, the creation of best practices within the context of the pandemic, where the allocation of resources and the analysis of the reality implies a continuous commitment of the authorities and the partner collaborators, considering the existing needs and addressing the challenges as a group.

7. Risks and assumptions

RISK	PROBABILITY OF OCCURRENCE	INTENSITY OF IMPACT	MITIGATING STRATEGY
Spread of COVID-19 in the Northern CATEM and as a consequence, a health emergency in the district of La Cruz in the Northern area.	High	High	The DGME and CNE have cooperated to establish a zone protocol to mitigate the risks
Increase of the flow of people arriving to Costa Rica. It is believed that the assistance capacity of the CATEMs will be exceeded upon the opening of borders and the arrival of people to Costa Rica, which would imply that homeless people from these groups would not receive assistance.	Medium	High	Costa Rica and Panama have coordinated on migratory flows from south to north, prior to the pandemic, in such a way that only a group of 100 people entered per day to mitigate the risk of exceeding the capacity of the CATEM which will be implemented again with the opening of land borders, taking into account that the attention capacity in the CATEM is 300 people
Operation stability of CATEM regarding basic care services. Given an increase in flow, the DGME institutional estimated budget would be affected and the CATEMs would not be able to work at full capacity.	High	High	The main measure consists of not exceeding the service capacity of the southern and northern CATEMs, as well as resorting to international cooperation to acquire supplies such as food and basic personal care and health items.
Fiscal tightness. The difficult financial situation of the country makes it difficult to increase the resources allocated to the CATEM.	High	High	The DGME has presented the technical and legal criteria to the tax commission on the importance of not cutting the institutional budget in the event of a possible technical closure

8. Monitoring and evaluation

Considering the set of actions proposed herein are part of an institutional project, the monitoring and the evaluation are part of the same follow-up activities of the general project. With that clear, the allocation of these public resources must be implemented according to a schedule of activities which must be duly completed by the contractor as part of the requirements to participate in the project assignment. In reference to this aspect, an outline of the construction of the Northern EMIBI is attached hereto, including details such as rates, direct benefits and implementation terms.

COUNTRY: Costa Rica **SECTOR: Health**

Voluntary temporary insurance for asylum seekers and refugees in Costa Rica

Executive Summary

Costa Rica maintains an open-door policy for people forcibly displaced from their countries of origin. However, the difficulty posed in accessing health services increases the vulnerability of this population, particularly for those requiring medical treatment. In turn, an undermined health status, complicates the search for employment and a means of subsistence in the country. Mindful for the situation faced by refugees and asylum seekers, the country has sought to facilitate their inclusion in the social security system of the Costa Rican Social Security Fund (CCSS). The CCSS, in conjunction with UNHCR, developed a pilot project in 2019 to provide health insurance to 6,000 refugee applicants or refugees in a situation of economic vulnerability by 2020.

This proposal seeks to establish a second phase that will allow for the expansion of health insurance coverage to 10,000 vulnerable persons. This entails an increase in the contributory coverage of health insurance, in the form of a collective contribution for refugees and asylum seekers in conditions of economic vulnerability or with specific health needs that do not currently benefit from support. The selection of beneficiaries has been based on their assessment of being in a situation of economic vulnerability.

DURATION

12 months (2021)

IMPLEMENTING ENTITIES

Costa Rican Social Security Fund (CCSS, by its Spanish acronym), UN High Commissioner for Refugees (UNHCR)

LOCATION

National

BENEFICIARIES

10,000 asylum seekers and refugees

ESTIMATED BUDGET

Total Required Financing:	$ 3,033,333
National Financing:	$ 0
Financing Gap:	$ 3,033,333

1. Sector context

The national health system is formed by Costa Rican government institutions whose purpose is to improve the health of people, families, and communities. With the goal of preserving, maintaining and enhancing the health of the population, the national health system brings several institutions under the supervision of the Ministry of Health. One of those institutions is the Costa Rican Social Security Fund (CCSS, by its Spanish acronym), which is the independent institution in charge of providing health services to the entire Costa Rican population.

The CCSS has adhered to the principles of universality, solidarity and equality as the pillars of its administration, which strengthens the national social security system. These principles guarantee universal access to comprehensive health services, with the same rights and obligations. The government insurance, administered by the CCSS, provides coverage to all people under the poverty line. Likewise, the government protects vulnerable people through specific laws, decrees and other legal instruments. The CCSS charges the government for each health service that it provides to its users. Those users include minors, pregnant women and infants, in accordance with applicable laws[1].

However, refugees and asylum seekers who are waiting for their identification documents, do not have access to the CCSS universal coverage. As they are a vulnerable population, they cannot afford any of the available insurance programs.

Upon their arrival, refugees and asylum seekers face a series of challenges, including a lack of identification documents, economic resources, or knowledge about the national system, which prevent them from accessing public health services. Most of these people not only have an economic need, but also a need for healthcare, both preventive, follow-up, and treatment. This is shown in the social-economic assessments and participation activities with refugees and asylum seekers carried out by the UNHCR.

To guarantee the right to health protection to this population, in 2019, the CCSS and the UNHCR created an agreement to grant medical insurance to 6,000 economically and health vulnerable refugees and asylum seekers for a period of 12 months (January to December 2020). Under the initiative, beneficiaries can seek care at CCSS health centres all over the country.

The outbreak of the COVID-19 pandemic has exerted greater pressure on the Costa Rican healthcare system. The CCSS has made a significant financial investment in order to respond to the health emergency[2]. This investment took place in a complex economic climate due to the impact of the pandemic, the decrease in the national economic activities, high unemployment, high poverty indexes and a reduction of the institution's income. Consequently, the agreement signed with the UNHCR constitutes a foundation for the COVID-19 mitigation strategy and the protection of vulnerable people.

The implementation of the first stage of the agreement between the CCSS and the UNHCR provides a valuable experience in order to guarantee the impact of this expansion proposal. In the same way, important lessons have been learned that can be used for future implementations, such as:

- The details of the agreement and the requirements established must be known in full by the parties involved in the process.

- The implementation of the agreement requires multifunctional teamwork, a challenge for all collaborators, making it vital that all understand each parties' function and the ideal circumstances with which applications can be processed in a timely manner.

- The precision and clarity of the data on people of concern in the lists, which allows them to receive insurance, must be verified from the very first moment said data is entered on the list. This way, delays can be avoided in issues such as inclusion, data readjustment and exclusion of the population of concern in the agreement, and barriers to care in health centres can be minimized.

- The CCSS's information systems are prepared to register the insurance of the target population using a collective agreement model by managing the monthly billing of contributions associated with the program and the costs incurred for the care of persons in the health system effectively.

- Effective communication channels between institutional actors who have direct contact with beneficiaries of the agreement in order to avoid barriers arising out of lack of knowledge of the agreement and its scope.

1 The Directive No. 010-MP-MIDEPLAN-MTSS-MSP-MGP-MRREE of 2018 stipulates basic health care for conditions and illnesses as well as emergency care. As regards to pregnant women and minors, it provides access to health care services payed for by the Government. https://www.saludymigracion.org/es/directriz-numero-010-mp-mideplan-mtss-msp-mgp-mrree

2 According to the CCSS, until October 14th, 2020, CRP 79,582.2 million from the Social Security Contingency Fund of the Costa Rican Social Security Fund have been allocated to the response to the COVID-19 health emergency. This amount accounts for the use of 63.7% of the Fund; https://www.ccss.sa.cr/noticias/servicios_noticia?contraloria-aprobo-40-mil-millones-para-fondo-de-contingencias-de-la-ccss

2. Detailed Approach

General Objective

Expand temporary voluntary coverage of the health insurance, guaranteeing the right to health of refugees and asylum seekers with equality, equity, universality and solidarity.

This intervention aims at addressing the protection gap that arises the moment a person applies for international protection and formalizes their refugee application before the Department of Migration and Foreign Affairs, and continues until he or she receives the documents validating his or her asylum seeker status. This process can take between 6 and 9 months, and during that time people experience vulnerability due to the lack of documentation permitting access to rights and services.

Three months after the formalization of the refugee application, the person receives an unconditional work permit that is valid until they receive a final from the second organization. This work permit is required to access formal jobs and, therefore, other insurance plans. However, there are people with health needs that have not been able to formalize their application and, as a result, do not have an appropriate work permit. In the same way, there are people whose health condition does not allow them to enter the labour market. This proposal presents an additional layer of protection for this population, by guaranteeing access to public health services through temporary voluntary insurance.

Specific objectives

1. Provide temporary healthcare services (12 months) to vulnerable refugees and asylum seekers while guaranteeing confidential and private use of their information

2. Improve the mental and physical health of vulnerable refugees and asylum seekers by providing access to health services.

3. Prevent disease among vulnerable and at-risk refugees and asylum seekers.

Expected result

Refugees and asylum seekers who have specific health needs, identified risk factors, or who are socially vulnerable are included in the temporary health insurance plan.

3. Beneficiaries

This intervention aims to expand insurance coverage to include 10,000 asylum seekers and refugees in Costa Rica. The implementation of the agreement entered into by the CCSS and the UNHCR for the collective insurance of 6,000 persons with international protection needs established the mechanisms for selecting beneficiaries who are eligible as specified in the Agreement (elderly persons, in economically vulnerability situations and identified health need). Through the database of the population of asylum seekers and refugees in Costa Rica (ProGres) registered before the UNHCR, there are 10,724 identified cases of eligible people for this medical insurance; however, there are not enough resources to expand coverage and provide medical insurance for them.

Because of this, this proposal seeks to guarantee and expand coverage of the temporary voluntary insurance plan to 10,000 people. An important note is that out of the total number of beneficiaries, 6,000 people are included in the current agreement between the CCSS and the UNHCR for this year, but, due to their vulnerability condition, they require an extension of the benefit. Additionally, medical insurance will be granted to 4,000 new beneficiaries who have already been identified as eligible and are on the waiting list for the expansion of the insurance plan. Hence, this proposal is ready to be implemented once the funding for expanding coverage is obtained.

10,000 asylum seekers and refugees

The CCSS will provide collective health insurance in the form of "temporary voluntary insurance", under the conditions and in the terms specified by health regulations and the Regulations on Voluntary Insurance Membership, and in the corresponding membership newsletters, which will be part of the agreement.

4. Estimated budget

The estimated budget of this intervention is calculated by the average cost per person for 12 months. The insurance fee for voluntary insured people in the CCSS health system (CRC 15,155, which equals approximately USD 25) was used as a starting point for the estimates.

The following chart summarizes the estimated investment required to provide insurance to 10,000 people, according to the conditions outlined in the agreement between the CCSS and the UNHCR.

OBJECTIVE	REQUIRED FINANCING*	NATIONAL FINANCING	FINANCING GAP
Extension of the insurance plan for asylum seekers and refugees.	**$$3,033,333**	**$0**	**$3,033,333**

*Amounts in USD. Exchange rate 599.54 CRC to 1 USD.

5. Stakeholders

INSTITUTION	MISSION	ROLE IN IMPLEMENTATION
Costa Rican Social Security Fund (CCSS, by its Spanish acronym)	Provide health services directly to the national population.	Body executing the project.
United Nations High Commissioner for Refugees (UNHCR)	Protect and guarantee the rights of people with international protection needs.	Aids in identifying and verifying beneficiaries, and with monitoring tasks.
NGOs working with the asylum seeker and refugee population in Costa Rica, the Refugee Education Trust (RET) and HIAS, the global Jewish nonprofit that protects refugees.	Responds to the needs of asylum seekers and refugees.	Identifies potential beneficiaries and referring cases to the UNHCR for their corresponding verification.

6. Cross-cutting themes

Access to health services through this agreement will allow the target population to have the same access to healthcare, according to the conditions established by health regulations for comprehensive health assistance and based on social security principles, such as equality, equity, universality and solidarity.

3 In line with the principle of universality that governs social security in the country, access to health and medical care for minors of age and pregnant women is stipulated in the Health Insurance Regulations of the Costa Rican Social Security Fund (CCSS) and of the Childhood and Adolescence Code. In this way, the Costa Rican State assumes the insurance of these populations and guarantees their right to Health.

7. Risks and assumptions

The following chart shows the possible risks of the intervention, of risk mitigation strategies, and the probability and intensity of each one:

RISK	PROBABILITY OF OCCURRENCE	INTENSITY OF IMPACT	MITIGATION STRATEGY
The ongoing pandemic limits universal access to health services, which makes it imperative for the CCSS to follow certain guidelines in order to avoid spread and large groups of people.	High	High Higher costs of social services and their impact on the national population	Proceed with the implementation of phone consults and video calls for medical follow-ups.
Problems locating people in order to deliver the insurance ID (card) through Costa Rica's postal services.	Medium	High Double efforts and resources due to not locating people.	Deliver required documents in-person, while implementing appropriate health protocols, and keep a record of their delivery.
Avoid assigning various insurance numbers to one single person as a result of previous insurance.	High	High Various insurance numbers associated with one single person are generated, which contradicts regulations of the General National Comptroller of the Republic and influences the institutions, which could compromise the implementation of the project.	Perform interviews with the target population to determine whether they have previous insurance and if so, report it in the insurance documentation.
Lack of clarity and precision in the source information contained in the list, or unconfirmed information used in order to avoid delays in insurance and healthcare.	Medium	High Difficulty including or excluding people of concern in the agreement, thus hindering prompt response to urgent situations, and leading to inadequate permanence of a person in the agreement.	Systematically verify that the data provided on the list is consistent in format and content with insurance and healthcare registers.

8. Monitoring and evaluation

Monitoring work will continue, following the structure established in the agreement, and a response group made up of focal points from all involved units will be implemented, whose tasks are detailed below:

- Continuous and adequate collection and organization of information;
- Implement verification methods applied to details provided by asylum seekers or refugees, such as letters or statements from people who are aware of the scope of the agreement, concur to the agreement, know the obligations and implications of being insured under an agreement of such nature, states whether she or he has previous insurance, states their previous social insurance number, among other assessments the team will perform together with its counterparts at the CCSS.
- Communicate with the population of concern.
- Coordinate the resolution of identified problems.

The response group will hold team meetings at their discretion and according to identified needs to promptly respond and solve every matter concerning the implementation, as well as unforeseen events and challenges that arise during the implementation process.

This specialized group will serve as an open work and coordination committee, in which any person involved in the operation can participate as long as their participation is pertinent to the project topic, at the discretion of focal points.

CCSS, for their part, will implement a multidisciplinary work team, made up of representatives from Financial Management and Medical Management, who will continually track situations that arise as the project is implemented. Likewise, the CCSS already has specific processes and procedures in place for insuring the population under the used model, which have proved to be reliable and appropriate according to considerations of internal control at the institution level, and which must be complied with in order to adequately execute the agreement.

Apart from the meetings proposed for internal operation issues, the UNHCR and the CCSS, via formal, joint coordination meetings on monitoring with the frequency deemed necessary, will solve problems observed and learn from experience acquired with to improve the project implementation. To this end, they agree to keep open discussion and communication methods, based on mutual respect and good faith, to solve unforeseen matters related to the application of this agreement.

The meetings will be coordinated by the focal points, who will rely on colleagues that can contribute to the resolution of the problems.

The frequency of meetings will depend on the identified problems and the urgency with which they need to be addressed.

Annex 1: Estimated Budget

Average Cost per Individual (Annual)	Projected # of PdI Beneficiaries	Total Required Financing	National Financing	Financing Gap
2020	2021	2021	2021	2021
USD 303.33	10,000	USD 3,033,333	0	USD 3,033,333
TOTAL		USD 3,033,333	**0**	USD 3,033,333

Exchange rate: 599.54 CRC to 1 USD.

COUNTRY: Costa Rica **SECTOR: Social protection**

Social Protection of the Populations with International Protection Needs through Services Provided by the Social Welfare Institute (IMAS)

Executive Summary

Costa Rica guarantees refugees and asylum seekers access to social development programmes within its national social security system. Through the Social Protection and Promotion Programme, the Mixed Institute of Social Assistance (IMAS) has established a package of promote processes of comprehensive care that responds to the needs of people in situations of economic vulnerability.

The number of people eligible for these services has increased, including those from the refugee and asylum seeker population. This increase in demand for IMAS services has placed greater pressure on the institution's operational capacity to respond and attend to cases. Through a cooperation agreement with UNHCR, additional institutional operational capacity is provided for social care, assessment and access to IMAS services by refugees and asylum seekers. Despite these investments, the institution's main limitation remains budgetary, since demand exceeds the availability of available financial resources. Therefore, the majority of the referred population is assessed for eligibility, but those that are positively considered for inclusion, are unable to benefit from the related services. This proposal seeks to provide the material resources required to ensure the inclusion of the eligible population within IMAS's programme.

DURATION

2021

IMPLEMENTING ENTITIES

Social Welfare Institute (IMAS, by its Spanish acronym)

LOCATION

National

BENEFICIARIES

2,306 refugees and asylum seekers

ESTIMATED BUDGET

Total Required Financing:	$ 1,478,052
National Financing:	$ 836,397
Financing Gap:	$ 641,655

1. Social Protection Sector Context in Costa Rica

Costa Rica has always been a country committed to human development by maintaining public policies of universal access to basic services. By providing these services, the Costa Rican state creates a social security network that guarantees the welfare of families, enables social mobility and is a tool to combat poverty. This social policy requires a significant investment of resources on the part of the state to respond to the needs of economically vulnerable people.

At a national level, IMAS serves as the governing body for public policies to combat poverty. The governing principle of its actions is to inclusively and mutually protect and promote the development of the population that experiences poverty and extreme poverty, through programs and projects, from a multidimensional approach[1]. In this way, its management includes affirmative actions that promote of comprehensive assistance, intervention, and aid for economically vulnerable people. IMAS seeks to serve populations in poverty and extreme poverty through its program, according to the needs of families and their members. To this end, IMAS has created thirty-two benefits to protect human rights and social promotion.

The way in which IMAS manages poverty is governed by several public policies, which are shown below:

- National Plan for Public Development and Investment (PNDIP, by its Spanish Acronym) 2019-2022;

- Institutional Strategic Plan 2019-2022;

- Institutional Operational Plan (POI, by its Spanish cronym) 2020[2];

- 2030 Sustainable Development Goals (ODS, by its Spanish acronym);

The Social Protection and Promotion Program of IMAS groups together the benefits that contribute to the social mobility of individuals, families or groups in situations of economic vulnerability within a given territory, as means for social construction and the protection of rights. From a social promotion perspective, the dynamics of intervention involves approaching economically vulnerable populations to generate opportunities for change from a situation of poverty, and of social assistance towards efforts to strengthen skills and abilities so they may become independent of state protection.

The following are some of the benefits included in the Social Protection and Promotion Program that are provided to people in situations of poverty and extreme poverty:

- Atención a Familias (Assistance for families). Promotes the satisfaction of basic needs for food, health, housing, and basic public services, among others, through comprehensive assistance and an economic contribution to family income which promotes better living conditions.

- Cuidado y Desarrollo Infantil (Childcare and development). Promotes the access of children in early childhood to protection and development services by means of an economic contribution to the family income for the payment of the cost of the option selected by the family. Girls and boys up to 12 years old can access a care and attention option that facilitates their protection and development.

- Avancemos (Let's Go Forward). Provides opportunities for high school students to access and remain in the formal education system through a conditional cash transfer. This assistance supplements the family income to meet the costs associated with their education. At the same time, it promotes the intervention of other actors related to social development in order to generate positive results in the quality of life of the beneficiary families and allows the family to receive other benefits simultaneously when required.

- Crecemos (We Grow). Provides opportunities for preschool and elementary school students to access and remain in the formal education system through a conditional cash transfer that supplements the family income to meet the costs associated with education. This benefit helps cover other needs the family may have, through a model of comprehensive aid through the granting of other benefits or access to other social services as joint-effort options.

In general, IMAS prioritizes assistance to individuals or families in situations of poverty and extreme poverty. Likewise, there are high-priority population groups, such as people with disabilities, households led by women, children, students, the elderly, homeless or abandoned persons, people in situations of violence, refugees and asylum seekers.

A growing number of refugees and refugee status applicants are economically vulnerable. People generally enter the country with limited economic resources, without social or family support networks, with little knowledge of the normal function of the country or social welfare programs, with health and psychological problems from difficulties encountered while migrating and episodes of physical and sexual violence suffered along the way. Despite all this, they are still fearful of resorting to the legal systems that protect their rights.

1 Social Welfare Institute, https://www.imas.go.cr/es/general/sobre-la-institucion
2 The Institutional Operational Plan is summarized on page 2, as well as the main legal instruments regarding and related to the institutional work of IMAS. The document can be accessed through the following link: https://www.imas.go.cr/es/documento/planes-operativos-y-planes-estrategicos

During the first three months after they arrive in the country, refuge applicants do not have a work permit, which makes it impossible for them to formally generate income to support themselves and their families in the country. Due to this, they resort to spending the scarce savings they have and become vulnerable to human trafficking. If Spanish is not the first language of the refugee or asylum seeker, it is even more difficult for them to find employment opportunities. It is therefore essential to strengthen and expand the coverage of social protection services provided by IMAS to meet the basic needs of forcibly displaced individuals seeking international protection in Costa Rica.

The Government of Costa Rica has implemented two practices that have made it possible to identify and provide assistance to these populations:

a) The inclusion of "refugee" or "asylum seeker" as categories in the Social Welfare Institute (IMAS, by its Spanish acronym) Social Information Sheet (FIS, by its Spanish acronym). IMAS is the leading entity in the formulation and execution of a national policy for social and human promotion. FIS is the main instrument of IMAS for collecting socioeconomic and demographic data on individuals and families, which makes it possible to characterize, qualify and classify populations in situations of poverty and extreme poverty. It is used to register potential beneficiaries and is applied in accordance with the relevant poverty measurement method. The information is organized by categories, codes, and special variables, which allows for the generation of updated information on individuals, the identification of the population in conditions of poverty, and the assistance and intervention of these individuals, families, or households. As of 2017, the 'refugee/asylum seeker' category was included in the FIS, which allowed for the identification of socio-economically vulnerable refugees and asylum seekers. However, assisting the migrant population poses a major expense for the institution.

b) Assistance to refugees or asylum seekers through the agreement between IMAS and UNHCR: in order to comply with the provisions of its regulations and assistance commitments, IMAS signed an agreement with UNHCR to assist to refugees and asylum seekers in conditions of poverty and extreme poverty and facilitate their access to the programs and services offered by IMAS. As part of this agreement, professionals were hired to identify, qualify, and select individuals and families in conditions of poverty and extreme poverty so that they can access socioeconomic benefits.

The implementation of both measures allows IMAS to comply with its internal standards of inclusion of refugees and asylum seekers in conditions of poverty as target populations of the institution. It also makes this population more visible and facilitates the collection of statistical data on refugees who are beneficiaries of its service and on the public investment for the assistance of this population.

The number of people seeking institutional services and benefits is increasing every day, including those from the refugee and refugee status applicant population, who must have a valid document that proves their status to be eligible for these services.

This increase in demand for IMAS services puts greater pressure on its operational capacity to respond and handle cases. For this reason, IMAS signed a cooperation agreement with UNHCR for the loan of professionals who work to fulfil the social purposes established by Act 4760. This agreement increases the institutional operational capacity by adding staff in areas and regional units where there is a greater concentration of this population. This staff would work in social assistance, categorization, management and assessment of refugee status applicants and their access to IMAS programs. This is one of the strategies to enable the refugee and refugee status applicant population to access socioeconomic benefits.

Despite the expansion of its operational capacity, the institution's main limitation is budgetary, given that demand exceeds the availability of financial resources. This is evident when analysing the data on the number of this population registered on institutional systems, and the reporting of the number of individuals and families who are beneficiaries. Therefore, a large part of the population referred or recruited by other means is served and assessed, but their applications are not resolved, which would conclude with granting benefits.

Impact of COVID-19

Despite the pandemic, the IMAS reiterated its commitment to social protection by implementing different measures or transfers within the framework of the emergency, which helped mitigate the impact on the level of poverty. During the first semester of 2020, IMAS increased social investment by 64,61% compared to the investment for the same period in 2019 . To achieve this, the institution activated a strategy to sustain the benefits of the Social Protection and Promotion Program in such a way that families in conditions of poverty and extreme poverty have continued to receive subsidies. Despite the efforts to keep and expand social investments to protect the most vulnerable families, new national circumstances show the need to obtain additional funding in order to maintain the offered programs. In view of the impact of the pandemic, the following measures were taken to protect various populations or vulnerable sectors:

a) Coordinated effort to protect individuals, families, high-priority populations, and their quality of life from the vulnerability generated by the economic slowdown and changes in working conditions.

b) IMAS coordinated a social protection committee, which, along with the participation of other institutions, formed 56 measures, including the social protection of various high-risk populations such as minors, women, families in poverty, etc.

c) Within the framework of institutional actions for the assistance of individuals and families affected by COVID-19, the following protocols were issued:

- Protocol for granting the Emergency Benefit, cause No. 12, a bonus to protect people in situations of poverty and extreme poverty. This benefit is directed to temporary, informal and independent workers in conditions of poverty or extreme poverty who have partially or completely lost income as result of the national state of emergency due to COVID-19.
- Interinstitutional protocol for the assistance of families or people under investigation for suspected or confirmed cases of COVID-19 who have a health order of domiciliary isolation, are in a situation of poverty or vulnerability and need to be evaluated for the granting of benefits or institutional interventions. In order to guarantee the interinstitutional intervention, approval, and transfer of resources for families and people under investigation for suspected or confirmed cases of COVID-19 so that they can take care of their basic needs, there is an administrative act that orders a legal period of isolation.
- Protocol for granting the Emergency Benefit cause No. 13, for funeral expenses (due to COVID 19), for families who are in a situation of poverty or extreme poverty, with a family member who died due to COVID-19 or an associated factor and cannot assume the economic cost of the funeral.

Complementary initiatives

Since August 2015, the Ministry of the Presidency (Social Council), the Department of Migration and Foreign Affairs, and UNHCR have carried out coordinated efforts for refugees and asylum seekers. As part of these actions, a Memorandum of Understanding was drawn up in which strategic actions were defined to guarantee the refugee population's access to state development programs, fight against poverty, and promote employability and "entrepreneurship".

[3] The total investment during the first half of 2020 was of CRC 115,142 million, while for the same period in 2019 the total investment reached CRC 69,947 million, which represents an increase of 64.61%. This increase made it possible to expand coverage of the programs and to benefit 327,527 families who received assistance from the institution in 2020, compared to the 195,408 families who benefited in the same period in 2019. https://www.presidencia.go.cr/comunicados/2020/08/imas-incremento-inversion-social-en-64-61-en-medio-de-la-pandemia/

2. Detailed Approach

This intervention aims to close the protection gap for refugees and refuge seekers who are in situations of poverty or extreme poverty in Costa Rica. During the process of applying for refugee status, the Department of Migration and Foreign Affairs (DGME, by its Spanish acronym), the body that implements the migration policy of the Costa Rican State, creates the preconditions for the incorporation of these individuals into the labour market with the issuance of a work permit that is granted within a period of three months following the filing of the application for the refugee status. However, there are people with protection and social assistance requirements that have not been able to formalize their application and, as a result, do not have an appropriate work permit. In the same way, there are people whose socioeconomic condition does not allow them to enter the labour market.

This proposal raises an additional possibility of protection for this population, facilitating their access to social protection and promotion services under the benefits of programs offered by IMAS. The objective is to meet the basic needs of forcibly displaced individuals seeking international protection in Costa Rica.

General Objective

To provide comprehensive assistance services to refugee and asylum seeker individuals and families who are in poverty and extreme poverty, promoting their access to social opportunities and their participation in socio-economic development.

Specific objectives

1. Provide access to social protection services, to partially meet the basic needs of refugee and asylum seeker individuals and families who are in conditions of poverty and extreme poverty.

2. Promote the access of children from refugee families and refugee applicants in conditions of extreme poverty and poverty, to the service provided by care centres, facilitating protection and development conditions, through the economic contribution to the family income to pay the cost of alternative care in the alternative selected by the family.

3. Offer opportunities for social promotion to the refugee and asylum-seeking student population in conditions of poverty and extreme poverty, promoting their continued participation in the formal education system by covering the costs associated with education.

3. Beneficiaries

Chart 1 presents the total number of beneficiaries of the five IMAS programs, from 2018 until September 2020.

Table 1. Total beneficiary population of selected benefits, as of September 30th, 2020

PROGRAM	2018	2019	2020 (AS OF SEPT.)
Atención a familias	123, 281	135, 187	81,856
Cuidado y desarrollo infantil	28, 726	30, 590	24, 838
Avancemos	201, 631	203, 205	172, 308
Crecemos[4]	-	210, 321	215, 846
TOTAL	**353, 638**	**579, 303**	**635, 683**

Source: Social Protection and Promotion Program report, formulated by the Social Information Systems Department of IMAS, years 2018, 2019 and 3rd trimester of 2020.

[4] The Crecemos (We Grow) benefit did not exist in 2018. It was created in February 2019 through Executive Decree No. 1569-MEP-MTSS-MDHIS.

Chart 2 presents refugees and asylum seekers who are beneficiaries from 2018 to September 2020 of the IMAS programs and projections for the beneficiary population for 2021.

Chart 2. Refugees and Asylum Seekers Beneficiaries

PROGRAM	2018	2019	2020 (BY SEPT)	PROJECTIONS 2021
Atención a familias[5]	579	2,198	841	1,050
Cuidado y desarrollo infantil	49	925	167	300
Avancemos	95	308	327	325
Crecemos	0	108	359	631
TOTAL	**723**	**3,539**	**1,696**	**2,306**

Projected calculations of benefited refugees and asylum seekers of the four programs are based on two different methodologies. For Atención de Familias and Crecemos programs, projections assume the same monthly behaviour of benefited refugees and asylum seekers of 2020, according to the Ministry of Planning and Economic Policy (MIDEPLAN, by its Spanish acronym) projected scenario with data from the IMAS Social Information Systems Department.

For the projections for refugees and asylum seekers who benefited from Avancemos and Cuidado y desarrollo infantil, it was decided, based on expert opinion, to adjust the previous methodology. These estimates are based on a detailed analysis carried out by specialists in the field to create a more accurate estimate for next year. The projections for these two programs are based on a percentage of assisted people according to the population registered in IMAS systems.

It is worth noting that, as of September 30th, there are 2,731 refugees and asylum seekers registered in IMAS systems.

For more information about methodology and analysis, see the annex.

4. Estimated budget

PROGRAM	REQUIRED FINANCING*	NATIONAL FINANCING	FINANCING GAP
Atención a familias	**$727,988**	**$458,444**	**$269,544**
Cuidado y desarrollo infantil	**$502,453**	**$219,910**	**$282,542**
Crecemos	**$110,071**	**$49,237**	**$60,834**
Avancemos	**$137,540**	**$108,805**	**$28,735**
TOTAL	**$1,478,052**	**$836,397**	**$641,655**

*Amount in USD. Exchange rate: 601.1 CRC to 1 USD

5 The beneficiary population for each year is reported by family unit.

In Costa Rica, the process of quantifying the total required financing, the national financing, and the financing gap to assist refugees and applicants for that condition in the IMAS four programs has been led by MIDEPLAN, in coordination with IMAS.

To calculate required funding, the historical average of services per person or per family is multiplied by the number of refugees and asylum seekers that are projected to be beneficiaries by 2021. The national funding amount is based on historical costs of the four programs until September 30th, 2020, with a 20% reduction estimated in the budget assigned for 2021. This assumption is based on the possibility that the assigned budget will be affected by economic measures that the Costa Rican State has taken due to the COVID-19 pandemic. In addition, a 1.75% annual increase of all unit costs due to inflation is estimated for each year.

The financing gap is the difference between the total required funding and national investment, and it represents the cooperation needed to assist the entire population of refugees and asylum seekers projected to be beneficiaries in 2021.

5. Stakeholders

INSTITUTION	MISSION	ROLE IN IMPLEMENTATION
Social Welfare Institute (IMAS, by its Spanish acronym)	Works to resolve the problem of extreme poverty in the country. Its mission is "to inclusively and mutually protect and promote the development of the population that experiences poverty and extreme poverty, through programs and projects, from a multidimensional approach".	Plans, directs, implements, and controls a national plan intended to accomplish that goal.
Ministry of Public Education (MEP, by its Spanish acronym)	Provides information to IMAS about active and inactive beneficiaries to educational centres and reports misuse of resources.	Verifies compliance with student conditions. Basically, it confirms attendance to education centres.
Technical Secretariat of Care Network	It guarantees the right of every child, from zero to six years old, to participate in care programs in pursuit of their comprehensive development, according to different needs and in compliance with various required assistance modalities.	Technical agency responsible for the promotion of the organization between different public and private actors, various activities that are carried out in the country for childcare and development, as well as the expansion of services coverage.
UNHCR	Protects and guarantees the rights of people in need of international protection.	Aids in identifying and verifying beneficiaries and monitoring tasks.

6. Cross-cutting themes

Interinstitutional coordination with different social actors at national, regional and local level are required for the comprehensive assistance to the target population, according to prioritizing and qualification criteria that the Target Population Information System (SIPO) and the Unique State Beneficiary System (SINIRUBE) support.

7. Risks and assumptions

En el desarrollo de la intervención, pueden ocurrir algunas situaciones que pueden poner en riesgo el logro de los objetivos, para los cuales se han determinado algunas medidas de mitigación, considerando la probabilidad e intensidad de su ocurrencia:

RIESGOS PARA EL LOGRO DE RESULTADOS	PROBABILITY OF OCCURRENCE	NTENSITY OF RISK IMPACT	MITIGATING STRATEGY
The pandemic has uncertain effects on mixed flows, making it difficult to complete the corresponding projections.	High	High	Maintain established goals according to the available budget.
The generated information only presents IMAS registration and implementation information. It does not present information generated by the National Information System and Single Register of State Beneficiaries (SINIRUBE, by its Spanish acronym).	High	Low	IMAS corresponding data shows precise implementation data, providing the detailed quantity of beneficiaries and implemented budget. Request SINIRUBE data to compare and determine differences.

8. Monitoring and evaluation

The procedure will be monitored by the Social Information Systems Department through data generation every three months to monitor goal completion. Such data will be analyzed by the Family Wellbeing Department in order to take corresponding corrective measures.

IMAS, has is a procedure to designing and managing evaluations. According to the rulebook of the Institutional Planning System Operationalization, the Institutional Planning Unit is in charge of securing compliance with national and institutional guidelines when it comes to planning, under a Managing for Development Results (MfDR) approach, which involves knowledge management, programming, monitoring, and -as a cornerstone- evaluation.

The implementation of an evaluation is characterized by sequentially following a series of stages that allow the achievement of suggested goals. To achieve this, the indicated procedure provides technical and methodological guidance to evaluate in an organized manner. Institutional Planning and the Area of Family Wellbeing will coordinate to carry out a summative evaluation.

Annex 1: Calculation of Required Funding per Program

Program	Annual Budget (USD)		# of PdI beneficiaries		Average Costs per Individual or Family			Projected # of PdI Beneficiaries	Total Required Financing	National Financing	Financing Gap
	2019	2020 (by Sep. 30th)	2019	2020 (by Sep. 30th)	2019	2020 (by Sep. 30th)	2021	2021	2021	2021	2021
	Current figures		*Current figures*		*Current figures*		*Projection*	*Projection*	*Projection*	*Projection*	*Projection*
Atención a familias	$ 1,292,279	$ 573,055	2,198	841	$ 588	$ 681	$ 693	1,050	$ 727,988	$ 458,444	$ 269,544
Cuidado y Desarrollo infantil	$ 267,564	$ 274,888	925	167	$ 289	$ 1,646	$ 1,675	300	$ 502,453	$ 219,910	$ 282,542
Crecemos	$ 6,415	$ 61,546	108	359	$ 59	$ 171	$ 174	631	$ 110,071	$ 49,237	$ 60,834
Avancemos	$ 151,050	$ 136,007	308	327	$ 490	$ 416	$ 423	325	$ 137,540	$ 108,805	$ 28,735
TOTAL	$ 1,717,308	$ 1,045,496							**$ 1,478,052**	**$ 836,397**	**$ 641,655**

Source: MIDEPLAN, with data from the Social Information Systems Department. IMAS.

Amounts in USD. Exchange Rate: 601.1 CRC to 1 USD.

Annex available electronically:

Annex 2: Section on the methodology of Beneficiary Population Projections for 2021